

State Program Standing Committee
Child, Adolescent, and Family Unit
Division of Mental Health
Department of Health
Agency of Human Services

Minutes of June 26, 2005 Meeting
108 Cherry Street, Burlington

Present: Kathy Holsopple, Zachary Hughes, Karen Mehrtens, Carl Theodore

Absent: Carla Brisson, Amy Churchill, Joy Prior, Robin Yandell

Guests: Charlie Biss, Dawn Philibert, Bill McMains, Alice Maynard

I. Updates

- A.** Minutes of the March meeting were approved as written.
- B.** July meetings were re-scheduled to accommodate the Planning Council meeting and the monitoring visit by the federal mental health block grant team.
 - July 24 was re-scheduled to July 31, 12:00 – 1:30 in Waterbury, followed by the Planning Council meeting 2:00 – 4:00, Stanley Hall, Waterbury. Kathy Holsopple will be the facilitator for the Planning Council this year.
 - Members were asked to be on the lookout for materials sent by Melinda Murtaugh and to check their calendars to see if they can attend a meeting with the monitoring team. [After the meeting, Alice checked the draft agenda; this session currently set for Wednesday, July 19, 1:00 – 3:00, in Burlington.]
- C.** Committee membership was discussed. Members concurred that the committee needs to solicit names of people representing geographical diversity and including young adults who have used the system of care and are able to speak articulately about their ideas and become a working member of the committee. Current members whose term expires at the end of this month include Amy, Carl, and Zach; members serve until they are re-appointed or the Governor appoints a different person.
- D.** Charlie reported on the following transition items.
 1. H618 passed the legislature and was signed by the Governor. It requires a study committee report on youth who used mental health services before they age out of DCF's custody.
 2. VR hosted the Governor's Summit on Employment of Youth with Disabilities last week. It was well attended. Kathy Holsopple and her son were participants on one panel that presented in the morning session. [Alice learned after the meeting that VT Public Television taped the entire event and will broadcast at least parts of it; she will forward details when she receives them.] Governor Douglas remains committed to focus on transition to adult life for adolescents in the broadest possible way (e.g., from employment for youth with disability to youth who attend college out of state and do not return to live and work here).
 3. The New Agency Team has decided to explore the possible use of greater flexibility available under Global Commitment to fund JOBS. The current funding mechanisms and eligibility requirements are cumbersome.Members of the committee report that housing is a major issue for the transition population.

II. Certificate of Approval: Dawn Philibert, MH Systems Development Director
Dawn explained that the state has drafted a process for designated and specialized service agencies interested in major capitol expenditures. Three years ago the legislature excluded DAs and SSAs from BISHCA review for such projects and delegated the responsibility to then Department of Developmental and Mental Health Services (DDMHS) as part of their other monitoring activities. After AHS re-organization, the responsibility was divided between VDH and DAIL for mental health and developmental services respectively. Questions were formulated along the lines of the original BISHCA Certificate of Need (CON) process and tried with two DA projects (NKHS and HCRS). This process revealed the desirability of further refinements. This new draft policy now contains instructions, a timeline for the state to follow, and basic organization of the questions to be addressed [(A) overview, (B) general criteria, and (C) financial]. The state is asking for feedback from the 3 State Program Standing Committees. Comments may be sent to Dawn until July 15. She may be reached at dphilib@vdh.state.vt.us or at 652-2012.

III. Designation
Members reviewed the draft designation report for Healthcare and Rehabilitation Services of Southeastern Vermont (HCRS). They then voted to recommend to the Commissioner that the agency be “re-designated with minor deficiencies requiring an action plan for corrections” around ADA accessibility issues.

IV. Hospitalization: Bill McMains, MD, Medical Director, Division of Mental Health
Bill McMains asked the committee to give input on draft *Guidelines for Conditional Voluntary Admissions at Designated Hospitals*. The major point of intersection with children would be at the Brattleboro Retreat; this would not apply to any out of state hospital units. Until now, we have a policy of “conditional voluntary” status; if a youth was admitted voluntarily, s/he was required to give a 4-day “notice” of intent to leave. It was proposed that there should also be an “un-conditional voluntary” status in which the consumer can leave at any time. After negotiating with hospitals for the past year, DMH has generated the draft policy which creates an unconditional voluntary status and a conditional voluntary status with specific criteria.

Bill also asked for feedback on the form for “Application for Conditional Voluntary Admission” which is being considered.

Bill noted that, in Vermont under mental health law, a youth can voluntarily admit himself to a hospital starting at age 14; prior to age 14, Vermont law requires the consent of the parent and the youth.

Lastly, he shared a draft policy under consideration by the Hospital Association which would eliminate the terms “conditional” and “unconditional” voluntary admission and establish a procedure that would allow a hospital to keep a person while an emergency exam was conducted. In an emergency exam, if an emergency screener and psychiatrist agreed that the person presented a danger to self or others, the person could be committed involuntarily pending a court review. If the Hospital Association reaches internal consensus on this proposal, DMH has agreed to consider it.

Immediate feedback to Bill included:

- Augment oversight of hospital decisions similar to current review practice for emergency exams
- Create forms for voluntary admission that include a checklist of criteria and steps.

- Consider replacing the phrase “deteriorated condition” with a term that sounds less pejorative and more objective (*e.g.*, GAF score, level of functioning).

Any additional feedback is requested by July 31 to Bill at bmcmain@vdh.state.vt.us or 652-2000.

V. Hot Topics

Tabled.

VI. Public Comment

None.

VII. Potential Agenda Items

- How the Vermont Federation of Families is supporting Local Program Standing Committees
- Functioning of Local Program Standing Committees
- Requirements for designation under *Administrative Rules* [“the lavender book”] and specific examples of compliance as found in *Interpretative Guide and Examples of Activities that Illustrate Adherence to 2003 DDMHS Administrative Rules for Agency Designation May 2004* [“the yellow book”].